

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R H		1/125/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TD	JC 1125 905	12/04/01
RESPONSE FORMALITY REVIEW	m		3/14/02

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	11/2
2	5/6/03
3	
4	✓ ✓ ✓ .
5	✓ ✓ ✓ .
6	✓ ✓ ✓ .
7	✓ ✓ ✓ .
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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03/14/02

03/14/02